

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

ADDRESS (number and street)

2155 HIGHWAY 42 SOUTH

Check if different
than previously
reported. (ACC)

MCDONOUGH

GA

30252

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00265546

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

09

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DIANA RENEE DIXON

Signature of Treasurer

Electronically Filed by DIANA RENEE DIXON

Date

10

14

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 20

Write or Type Committee Name

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 7 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 9 | 3 | 0 | 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2009 | | 30116.71 |
| (b) Cash on Hand at Beginning of Reporting Period | 71866.68 | |
| (c) Total Receipts (from Line 19) | 27751.35 | 86231.12 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 99618.03 | 116347.83 |
| 7. Total Disbursements (from Line 31) | 16291.32 | 33021.12 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 83326.71 | 83326.71 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 20

Write or Type Committee Name

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 7 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | W | Y |
| 0 | 9 | 3 | 0 | 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 27751.35 | 86131.12 |
| (ii) Unitemized | 0.00 | 100.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 27751.35 | 86231.12 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 27751.35 | 86231.12 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 27751.35 | 86231.12 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 27751.35 | 86231.12 |

DETAILED SUMMARY PAGE

of Disbursements

4 / 20

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 0.00 | 0.00 | |
| (ii) Non-Federal Share..... | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 0.00 | 0.00 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 | |
| 24. Independent Expenditure (use Schedule E) | 16279.55 | 16279.55 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| 29. Other Disbursements..... | 11.77 | 16741.57 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 16291.32 | 33021.12 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 16291.32 | 33021.12 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 20

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 27751.35 | 86231.12 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 27751.35 | 86231.12 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND

A.

Full Name (Last, First, Middle Initial)

SOUTHERN STATES P.B.A., INC.

Mailing Address 2155 HIGHWAY 42 SOUTH

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

66424.19

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.12523

Amount of Each Receipt this Period

9561.42

*\$.50 PER MEMBER PER MONTH

B.

Full Name (Last, First, Middle Initial)

SOUTHERN STATES P.B.A., INC.

Mailing Address 2155 HIGHWAY 42 SOUTH

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75390.83

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.12524

Amount of Each Receipt this Period

8966.64

*\$.50 PER MEMBER PER MONTH

C.

Full Name (Last, First, Middle Initial)

SOUTHERN STATES P.B.A., INC.

Mailing Address 2155 HIGHWAY 42 SOUTH

City

MCDONOUGH

State

GA

Zip Code

30252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

84614.12

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.12525

Amount of Each Receipt this Period

9223.29

*\$.50 PER MEMBER PER MONTH

SUBTOTAL of Receipts This Page (optional)

27751.35

TOTAL This Period (last page this line number only)

27751.35

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 / 20

FOR LINE 24 OF FORM 3X

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ C C00265546 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee JOHN BELL | | Date M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9 | |
| Mailing Address 43145 VALIANT DR | | Amount 500.00 | |
| City State Zip Code CHANTILLY VA 20152 | | Transaction ID: SE.12549 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 4979.55 | | 2009 | |
| Full Name (Last, First, Middle, Initial) of Payee WILLIAM BOLLING | | Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 | |
| Mailing Address PO BOX 8205 | | Amount 1000.00 | |
| City State Zip Code RICHMOND VA 23226 | | Transaction ID: SE.12556 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 6979.55 | | 2009 | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 1500.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9 | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 8 / 20

FOR LINE 24 OF FORM 3X

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ C C00265546 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee CHUCK CAPUTO | | Date M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9 | |
| Mailing Address 12304 WESTWOOD HILLS DR | | Amount 500.00 | |
| City State Zip Code HERNDON VA 20171 | | Transaction ID: SE.12541 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 3979.55 | | 2009 | |
| Full Name (Last, First, Middle, Initial) of Payee WILLIAM CARROLL | | Date M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 9 | |
| Mailing Address 245 SOUTH BROAD ST | | Amount 500.00 | |
| City State Zip Code MOBILE AL 36603 | | Transaction ID: SE.12531 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 500.00 | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 1000.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9 | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 9 / 20

FOR LINE 24 OF FORM 3X

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ C C00265546 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee R CREIGH DEEDS | | Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 | |
| Mailing Address PO BOX 11658 | | Amount 2000.00 | |
| City State Zip Code ALEXANDRIA VA 22312 | | Transaction ID: SE.12558 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 8979.55 | | 2009 | |
| Full Name (Last, First, Middle, Initial) of Payee ADAM EBBIN | | Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 | |
| Mailing Address 181 E REED ST #402 | | Amount 500.00 | |
| City State Zip Code ALEXANDRIA VA 22305 | | Transaction ID: SE.12562 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 10479.55 | | 2009 | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 2500.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9 | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 / 20

FOR LINE 24 OF FORM 3X

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00265546</div> | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee DAVID ENGLIN | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 28</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |
| Mailing Address 1505 WAYNE ST | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> | |
| City ALEXANDRIA | | Transaction ID: SE.12563 | |
| State VA | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Zip Code 22301 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Category/ Type 011 | | 2009 | |
| Name of Federal Candidate supported or Opposed by expenditure: | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">10979.55</div> | |
| Full Name (Last, First, Middle, Initial) of Payee SCOTT GARRETT | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 30</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |
| Mailing Address 418 NEW BRITAIN DR | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> | |
| City LYNCHBURG | | Transaction ID: SE.12587 | |
| State VA | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Zip Code 24503 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Category/ Type 011 | | 2009 | |
| Name of Federal Candidate supported or Opposed by expenditure: | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">15779.55</div> | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> | |
| (c) TOTAL Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 11 / 20

FOR LINE 24 OF FORM 3X

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ C C00265546 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee CHARNIELE HERRING | | Date MM / DD / YYYY 09 / 28 / 2009 | |
| Mailing Address 715 NORTH ASHTON ST | | Amount 500.00 | |
| City State Zip Code ALEXANDRIA VA 22312 | | Transaction ID: SE.12564 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 11479.55 | | 2009 | |
| Full Name (Last, First, Middle, Initial) of Payee CONNIE HUDSON | | Date MM / DD / YYYY 08 / 14 / 2009 | |
| Mailing Address 2128 PINE NEEDLE DR EAST | | Amount 500.00 | |
| City State Zip Code MOBILE AL 36609 | | Transaction ID: SE.12526 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 500.00 | | 2009 | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 1000.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date MM / DD / YYYY 10 / 14 / 2009 | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 / 20

FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00265546</div> | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee JACKSON MILLER | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 28</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |
| Mailing Address 8656 SUDLEY RD STE D | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> | |
| City State Zip Code MANASSAS VA 20110 | | Transaction ID: SE.12565 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">011</div> | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | 2009 | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">11979.55</div> | |
| Full Name (Last, First, Middle, Initial) of Payee STEVENS MILLER | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 01</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |
| Mailing Address 22947 OAKGROVE RD | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> | |
| City State Zip Code STERLING VA 20166 | | Transaction ID: SE.12537 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">011</div> | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | 2009 | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">2979.55</div> | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> | |
| (c) TOTAL Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 13 / 20

FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00265546</div> | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee LYNDON PETERS | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |
| Mailing Address 1309 NORTH DR | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div> | |
| City MOBILE | | Transaction ID: SE.12528 | |
| State AL | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Zip Code 36605 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Category/ Type 011 | | 2009 | |
| Name of Federal Candidate supported or Opposed by expenditure: | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div> | |
| Full Name (Last, First, Middle, Initial) of Payee DAVID POISSON | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 01</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |
| Mailing Address 20756 EASTLAKE COURT | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> | |
| City STERLING | | Transaction ID: SE.12544 | |
| State VA | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Zip Code 20185 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Category/ Type 011 | | 2009 | |
| Name of Federal Candidate supported or Opposed by expenditure: | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">4479.55</div> | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; text-align: right;">800.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> | |
| (c) TOTAL Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 14 / 20

FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ C C00265546 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee JENNIFER ROBINSON | | Date M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 9 | |
| Mailing Address 106 CHERTSEY CT | | Amount 500.00 | |
| City State Zip Code CARY NC 27519 | | Transaction ID: SE.12550 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 5479.55 | | 2009 | |
| Full Name (Last, First, Middle, Initial) of Payee STEPHEN C SHANNON | | Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 9 | |
| Mailing Address PO BOX 1143 | | Amount 1000.00 | |
| City State Zip Code VIENNA VA 22183 | | Transaction ID: SE.12560 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought 9979.55 | | 2009 | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 1500.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9 | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 15 / 20

FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ C C00265546 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee JACK SMITH | | Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 09 / 22 / 2009</div> </div> | |
| Mailing Address 104 CRICKET LN | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> | |
| <div style="display: flex; justify-content: space-between;"> <div>City CARY</div> <div>State NC</div> <div>Zip Code 27518</div> </div> | | Transaction ID: SE.12554 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 011 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2009 | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">5979.55</div> | |
| Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS | | Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 09 / 29 / 2009</div> </div> | |
| Mailing Address 7505 WARWICK BLVD | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">550.00</div> | |
| <div style="display: flex; justify-content: space-between;"> <div>City NEWPORT NEWS</div> <div>State VA</div> <div>Zip Code 23607</div> </div> | | Transaction ID: SE.12581 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: JIM ADAMS, Jr. | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2009 | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">12529.55</div> | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | <div style="border: 1px solid black; padding: 2px; text-align: right;">1050.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | <div style="border: 1px solid black; height: 20px;"></div> | |
| (c) TOTAL Independent Expenditures | | <div style="border: 1px solid black; height: 20px;"></div> | |
| <p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> | | | |
| DIANA RENEE DIXON Signature | | Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 14 / 2009</div> </div> | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 16 / 20

FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ C C00265546 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS | | Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9 | |
| Mailing Address 7505 WARWICK BLVD | | Amount 550.00 | |
| City State Zip Code NEWPORT NEWS VA 23607 | | Transaction ID: SE.12582 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: JEION WARD | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | 2009 | |
| 13079.55 | | | |
| Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS | | Date M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 9 | |
| Mailing Address 7505 WARWICK BLVD | | Amount 550.00 | |
| City State Zip Code NEWPORT NEWS VA 23607 | | Transaction ID: SE.12583 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: GLEN ODER | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | 2009 | |
| 13629.55 | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 1100.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 9 | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 17 / 20

FOR LINE 24 OF FORM 3X

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|--|--|--|--|
| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00265546</div> | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS | | Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 9</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 9</div> </div> | |
| Mailing Address 7505 WARWICK BLVD | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">550.00</div> | |
| City State Zip Code NEWPORT NEWS VA 23607 | | Transaction ID: SE.12584 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: GORDON HELSEL, Jr. | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| Calendar Year-To-Date Per Election for Office Sought 14179.55 | | <input type="checkbox"/> Other (specify) : _____ 2009 | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS | | Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 9</div> <div><small>D</small> <small>D</small> 2 9</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 0 9</div> </div> | |
| Mailing Address 7505 WARWICK BLVD | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">550.00</div> | |
| City State Zip Code NEWPORT NEWS VA 23607 | | Transaction ID: SE.12585 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: PHILLIP HAMILTON | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| Calendar Year-To-Date Per Election for Office Sought 14729.55 | | <input type="checkbox"/> Other (specify) : _____ 2009 | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1100.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

DIANA RENEE DIXON

Signature

Date

M M
1 0

D D
1 4

Y Y Y Y
2 0 0 9

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 18 / 20

FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00265546</div> | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee THE DAILY PRESS | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 09</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |
| Mailing Address 7505 WARWICK BLVD | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">550.00</div> | |
| City State Zip Code NEWPORT NEWS VA 23607 | | Transaction ID: SE.12592 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: MAMYE BACOTE | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| Calendar Year-To-Date Per Election for Office Sought 15279.55 | | <input type="checkbox"/> Other (specify) : _____ 2009 | |
| Full Name (Last, First, Middle, Initial) of Payee THE PRESS REGISTER | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 08</div> <div style="border: 1px solid black; padding: 2px;">D 17</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |
| Mailing Address 906 CONVENT ST | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">559.85</div> | |
| City State Zip Code PASCAGOULA MS 39567 | | Transaction ID: SE.12533 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: WILLIAM CARROLL | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| Calendar Year-To-Date Per Election for Office Sought 1359.85 | | <input type="checkbox"/> Other (specify) : _____ 2009 | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 1109.85 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 14</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div> | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 19 / 20

FOR LINE 24 OF FORM 3X

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| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00265546</div> | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee THE PRESS REGISTER | | Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> | |
| Mailing Address 906 CONVENT ST | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">559.85</div> | |
| City State Zip Code PASCAGOULA MS 39567 | | Transaction ID: SE.12535 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: LYNDON PETERS | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| Calendar Year-To-Date Per Election for Office Sought 1919.70 | | <input type="checkbox"/> Other (specify) : _____ 2009 | |
| Full Name (Last, First, Middle, Initial) of Payee THE PRESS REGISTER | | Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 8</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> | |
| Mailing Address 906 CONVENT ST | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">559.85</div> | |
| City State Zip Code PASCAGOULA MS 39567 | | Transaction ID: SE.12536 | |
| Purpose of Expenditure ADVERTISEMENT | | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| Category/Type 004 | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: CONNIE HUDSON | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| Calendar Year-To-Date Per Election for Office Sought 2479.55 | | <input type="checkbox"/> Other (specify) : _____ 2009 | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | 1119.70 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| DIANA RENEE DIXON Signature | | Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 4</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div> | |

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 20 / 20

FOR LINE 24 OF FORM 3X

| | | | | |
|--|--|--|---|--|
| NAME OF COMMITTEE (In Full) SOUTHERN STATES POLICE BENEVOLENT ASSOC PAC FUND | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00265546</div> | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | | |
| Full Name (Last, First, Middle, Initial) of Payee AARON TWEEDIE | | | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 9</div> <div style="border: 1px solid black; padding: 2px;">D D 0 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div> | |
| Mailing Address 1871 WARDENSVILLE PIKE | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> | |
| City STAR TANNERY | | State VA | Zip Code 22654 | |
| Purpose of Expenditure CAMPAIGN CONTRIBUTION | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">011</div> | | |
| Name of Federal Candidate supported or Opposed by expenditure: | | | Transaction ID: SE.12539 Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential | |
| | | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2009 | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">3479.55</div> | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px;">500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px;">16279.55</div> |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | |
| DIANA RENEE DIXON _____ Signature | Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div> |